

FODMAP or FADMAP ?



**CASE STUDIES ON THE CLINICAL USE OF A
LOW FODMAP REGIMEN IN IBS**

**BARBARA DAVIDSON
SPECIALIST DIETITIAN
FREEMAN HOSPITAL**

What are the clinical experiences of teaching a low FODMAP dietary regime –looking at challenges , outcomes, and patient compliance. Is it a Fad- or is it an effective tool in the management of functional GI symptoms?

Case study 1



- 30 year old male, environmental health officer
- 8year history of diarrhoea, urgency and excess flatus
- Investigated by gastroenterologists including OGD, Sigmoidoscopy, colonoscopy small bowel MRI, all normal
- Blood tests to exclude IBD and coeliac disease
- Rx omeprazole and loperamide

Case study 1



- All tests normal – referred to dietetic Low FODMAP clinic
- Had self imposed a low lactose diet and had found some relief from this but symptoms persisted.
- Symptom evaluation revealed that the wind, gurgling, urgency and associated poor sleep and tiredness were affecting his work and QOL
- He had ‘had enough’ of the situation and was not convinced dietary intervention would help

Case study 1



Fruit and fibre, soya milk

Toast,

Apple/banana

Sandwich/ vegetable or lentil soup

**Pasta/ jacket potato and salad/meat with onions,
mushrooms, garlic**

Apple turnover with soya yoghurt

Case study 1



- Explained the digestive system
- Explained FODMAPs
- Explained the process – 6 weeks strict low fODMAP diet followed by planned food reintroductions
- Written information given
- Not an emergency ! Patient to start diet in the next couple of weeks and email contact was established

Case Study 1



- **Six weeks later.....**
- **Diet had resulted in an 'unbelievable' reduction in symptoms.**
- **Felt 'great' and was keen to begin reintroduction of foods**
- **Had stopped taking any medication**

Case study 1



- 2 weeks later
- Reintroduced several foods and had established that he had a dose related response to wheat, onions and garlic. He was managing to eat a reasonably 'normal' diet
- Bowels open 2 x per day –soft formed stool
- No urgency/ excess wind
- ' after so many years I cannot believe the changes, I am a new man!'

Discussion



Case study 2



- 55 year old female
- Presented to gastroenterologists in 2008
- Indeterminate colitis and small colonic adenoma
- Bowels open 6x per day
- Pain, loose stool, cramps
- Rx pentasa and Brufen
- Advised to 'watch what she ate'

Case Study 2



- 2008 -2010 Regular reviews in gastro clinic
- Many blood tests and tweaking of medication
- Symptoms worse with more pain and bloating
- Referred for OGD and gastric biopsies

Case study 2



- 2011 reported bowels worse with more pain
- Loose stool up to 10x per day
- Rx mesalazine and mebeverine, Pentasa 2g bd
- Flexi sigmoidoscopy arranged
- NAD so...
- Referred for a low FODMAP diet

Case study 2



- **2012 Seen in new low FODMAP clinic**
- **On discussion found had strong family history of bowel cancer**
- **Very anxious about colonic polyp**
- **Not enthusiastic about the diet as felt all her symptoms were related to colitis and the polyp**
- **After long discussion and explanation agreed to try it**

Case study 2



- Had self imposed various restrictions on her diet
- Avoiding eggs, red meat, caffeine, bread but with no effect
- Followed strict low FODMAP regimen for 6 weeks
- Found it challenging but carried on...
- ..as she found a huge improvement in symptoms particularly pain and urgency
- Much brighter in mood and less anxious
- Sleeping better

Case study 2



- Reintroduced foods at 8 weeks
- Found some foods to which she was particularly sensitive inc onions and garlic
- Otherwise on 'normal' diet
- 6 month gastro review – BO x2 per day, no bloating, pain reduced
- Pentasa stopped

Case study 2



- Present day- continues to attend clinic with minimal colitis symptoms
- Adenoma surveillance continues and has had genetic counselling for family history
- Keeps off a few high FODMAP foods and has gained weight .

Discussion

